

Image# 202305039581394600

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) KAPLAN, ANNA, , ,			2. Candidate's FEC Identification Number H4NY03101	
(b) Address (number and street) 2 BARKERS POINT RD		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code PORT WASHINGTON NY 11050		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NY 03		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) ANNA KAPLAN FOR NEW YORK		
(b) Address (number and street) 154 WEST BEECH STREET		
(c) City, State, and ZIP Code LONG BEACH NY 11561		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Moriarty, Jenn, , , <i>[Electronically Filed]</i>	Date 05/03/2023
--	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--